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CENTRAL FAX CENTER****DEC 10 2007****FACSIMILE COVER SHEET****DATE:** December 10, 2007**TO:** Examiner WONG, Linda **FAX NO.:** 571-273-8300  
USPTO GPAU 2611**FROM:** Jeffrey G. Toler  
Reg. No.: 38,342**RE U.S. App. No.:** 10/683,891, Filed October 10, 2003**Applicant(s):** Arunabha Ghosh**Atty Dkt No.:** 1033-LB1019**Title:** DELAY-INDUCED SCATTERING WITH PHASE  
RANDOMIZATION AND PARTITIONED FREQUENCY HOPPING**NO. OF PAGES (including Cover Sheet):** 6**MESSAGE:**

Attached please find:

- Transmittal Form (1 pg)
- Issue Fee- In duplicate (2 pgs)
- Fee Address Indication Form (1 pg)

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PAGE 1/5 \* RCVD AT 12/10/2007 4:35:25 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-5/9 \* DNIS:2738300 \* CSID:5123275575 \* DURATION (mm:ss):02:10

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FORM

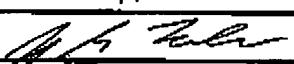
(To be used for all correspondence after initial filing)

		Application Number	10/683,891
		Filing Date	October 10, 2003
		First Named Inventor	Arunabha Ghosh
		Art Unit	2611
		Examiner Name	WONG, Linda
Total Number of Pages in This Submission	6	Attorney Docket Number	1033-LB1019

## ENCLOSURES (Check all that apply)

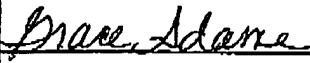
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <input type="checkbox"/> Fee Address Indication Form
Remarks		
Customer No.: 60533		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Toler Law Group, Intellectual Properties		
Signature			
Printed name	Jeffrey G. Toler		
Date	12-10-2007	Reg. No.	38,342

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Grace Adame	Date	December 10, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE  
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 or Fax (571) 273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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60333 7590 11/06/2007

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Grace Adams	(Depositor's name)
<i>Grace Adams</i>	(Signature)
December 10, 2007	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/683,891	10/10/2003	Arunabha Ghosh	1033-LB1019	7872

TITLE OF INVENTION: DELAY-INDUCED SCATTERING WITH PHASE RANDOMIZATION AND PARTITIONED FREQUENCY HOPPING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/06/2008
					12/12/2007	NGUYEN2 00000002 502469 10683891
EXAMINER	ART UNIT	CLASS-SUBCLASS				
WONG, LINDA	2611	375-130000		01 FC:1501 02 FC:1504	1440.00 DA 730.00 DA	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)	2. For printing on the patent front page, see 37 CFR 1.801	Toler Law Group, Intellectual Properties				
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				2	
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				3	

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

SBC Knowledge Ventures, L.P.

Reno, NV

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 3

## 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2469 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Jeffrey G. TolerDate 12-10-2007Typed or printed name Jeffrey G. TolerRegistration No. 38,342

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